		EHOLDER E REPORT	5′	114	FORM C/OI COVER SHEET PG
this form.	пои Guide explains	how to complete	1 ACCOUNT# (Ethics Commis	ssion filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME		FIRST		мі. Б.	OFFICE USE ONLY
	NICKNAME	Noumann		SUFFIX	AVIS COUNT
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Addres	\$5018 HILH	LAND CT. A	IY; STATE:	ZIP CODE 1873 I	TERMINAL S PRINCE POSIMARKED
5 CAMPAIGN TREASURER NAME	TITLE	FIRST DEWAYNE		мі 	Receipt # Amount
	NICKNAME	NOUMANN .		SUFFIX	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO	ND CT.	#: CITY:	STATE:	ZIP CODE 78731
CAMPAIGN TREASURER PHONE		PHONE NUMBER	EXTENSIO	N :	
REPORT TYPE	January 15	30th day before election 8th day before election	Runoff Exceeded	\$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
PERIOD COVERED		Year THROUGH	Monti	Day	Year / 1007_
ELECTION	9 / 1 /	Year ELECTION TYPE	Runoff		General Special
OFFICE	OFFICE HELD (if any)		12 OFFICE SO	UGHT (if known	
NOTICE OF DIRECT CAMPAIGN EXPENDITURE		illures are campaign expenditur disclose this information only if	es made by others w	(16 a 4 4b a	
BY OTHER INDIVIDUALS	Name		,		
additional pages	Address / PO Box; Apt. / Suit	e#; City; State; Zip Coo	de de la companya de	-	
		GO TO PAG	SE 2		1

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission flers)
DEMAYINE T	D. MANIM	Hua	
16 NOTICE FROM POLITICAL	• This box is for not	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	ale / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)		COMMITTEE NAME	
	COMMITTEE TYPE	to the state of th	
	GENERAL	COMMITTEE ADDRESS	
		remain that	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		John A. Committee and the second seco	
additional pages	İ	COMMITTEE CAMPAIGN TREASURER ADDRESS	
)		
17 NO REPORTABLE ACTIVITY	Check here if r	0.000 0.000	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
12377	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ &
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
OUTSTANDING LOAN TOTALS	5. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ <i>O</i>
- A FET (0.4) (17			
19 AFFIDAVIT	•	I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	erjury, that the accompanying report nformation required to be reported by
ok 130	9.4 A	Signature of Candi	date or Officeholder
e vice of the			
AFFIX NOTARY STAMP	Y SEAL ABOVE		
Sworn to and subscrib	ed before me, by	the said	_, this the day
of 2	0 to cer	rtify which, witness my hand and seal of office.	
			•
198 10 10	11.77 2021	The state of the s	to the first of the same and the
Signature of officer ad	·	Printed name of officer administering oath Tit	le of officer administering oath

rexes Lines (Commission P.O. Box 12070 Au	<u>ıstin, Texas 78711-20</u>	170 (512) 4	1-800-325-
	FICAL CONTRIBUTIONS ER THAN PLEDGES OR LOA	NS	(FOR FO	SCHEDULE A1 RMS C/OH, C/OH-SS, SC-C/OH SC-SPAC, SPAC, & SPAC-SS
The Instruc	CTION GUIDE explains how to complete this form.		1 Total pages thi	s Schedule Å1:
2 FILER NA	ME		3 ACCOUNT # (Ethics Commission filers)
DEMAY	HE D. NAUMANN		,	Ethics Confinission Mers)
Date	5 Full name of contributor Out-of-state PAC (III	1 1 <u>1</u> 1 <u>1</u> 1	7 Amount of	8 In-kind contribution
	351 35 35135 1 75 752		contribution (\$)	description (if applicable
101	GRANT GOODWIN		00.00	i
17/02	6 Contributor address; City; State; Zip Co			İ
·	BIZ SAN ANTONIO AUSTINIT	4.78701		
Principal occ	cupation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor	#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable
	Contributor address; City, State; Zip Cod	le		1
			1.	
			3	
Principal occi		Employer (Option	al)	<u> </u>
Date	Full name of contributor Out-of-state PAC (ID#:	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; Stato; Zip Code			
Principal occu	pation (Optional)	Employer (Optiona	I)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	•			
Principal occup	pation (Optional)	Employer (Optional))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		i.	
	<u> </u>			(
rincipal occup	ation (Optional)	Employer (Optional)		
if contrib	ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instru	S OF THIS FORM AS	NEEDED itional reporting	requirements.

Texas Ethics Commission P.O. Box 12070	Austin, Texas 78711-207	0 (512) 46	3-5800 1-800-325-8506
PLEDGED CONTRIBUTIONS		(FOR FORMS C/OH,	SCHEDULE B1 SC-C/OH, SC-SPAC, & SPAC)
The Instruction Guide explains how to complete this form.		1 Total pages this	Schedule B1:
THE INSTRUCTION		3 ACCOUNT # (Eth	nics Commission filers)
DE WAYNE D. NAUMANN	,	3	
4 TOTAL OF UNITEMIZED PLEDGES:		D D	*
5 Date 6 Full name of pledgor out-of-state PAC ((ID#:)	g Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zi	p Code:		
• •			1 - \$9.4 - 1 - 5.5 - 1
10 Principal occupation (optional)	11 Employer (option	al)	
Date Full name of pledgor out-of-state PAC ((ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zi	p Code		
Principal occupation (optional)	Employer (option	al)	
Date Full name of pledgo out-of-state PAC (Pledgor address; City; State; Zi		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)	Employer (option	nal)	
Date Full name of pladgor out-of-state PAC (Pledgor andress; City; State; Zi	(ID#:i 	Amount of pledge (\$)	In-kind description (if applicable)
No. (Falland)	Employer (option	nal)	
Principal occupation (optional)			
Date Full name of pledgor out-of-state PAC Pledgor address; City; State; Zi	(ID#: 	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)	Employer (option	nal)	
ATTACH ADDITIONAL O	COPIES OF THIS FORM instruction guide for a	AS NEEDED additional report	ling reduirements.

Texas Ethics Comm	nission P.O. Box 12070 Austin,	Texas 78711-2070 (5	12) 463-5800 1-800-325-850
LOANS			SCHEDULE E
The Instruction G	UIDE explains how to complete this form.	1 Total page	s Schedule E:
2 FILER NAME DEILAYNE	D. NAUMANN	3 ACCOUNT	# (Ethics Commission filers)
4	AL OF UNITEMIZED LOANS:	0 0 0 0 0	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Malurity date
12 Description of Collab	eral		
13 GUARANTOR INFORMATION	14 Name of guarantor		16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Coge	
17 Principal Occupation		18 Employer	
Date of loan	Name of lender	□ out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City State;	Zip Code	Interest rate
· Y N			Malurity date
Description of Collater	al		<u> </u>
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code	
Principal Occupation		Employer	
If lender is	ATTACH ADDITIONAL CO s out-of-state PAC, please see inst	PIES OF THIS FORM AS NEEDED ruction guide for additional reportin	g requirements.
			ı
Printed on recycled paper			Roylend 04/04/2000

Revised 04/04/2000

ি নির্দিশ্বিক প্রশ্নির এক সমূল বিক্রা

POLITIC	CAL EXPENDITURES		SCHEDUL	EF
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code		7 Amount (\$)	
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 ·· Complete if di Candidate / Officeholder r		Office held
Date	Payee name Payee address: City; State; Zip Code	/.	Amount (\$)	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if di Candidate / Officeholder r	omeo e e g	Office held
Dat e	Payee name Payee address; City; State; Zip Code		Amount (\$)	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	, , , , , , , , , , , , , , , , , , ,	Office held
Date	Payee name Payee address; City; State; Zip Code		(\$)	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit C/OH ··· name Office sought (Office held
1/	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED :	

FILER NAME	3 ACCOUNT	8 Amount (\$)
Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
Date	5 Payee name 6 Payee address; City; State; Zip Code	(\$)
	6 Payee address; City; State; Zip Code	
	7 - Purpose of expenditure (See instructions regarding type of information required.)	
;	7 - Purpose of expenditure (See instructions regarding type of information required.)	
		Reimbursement from political contributions intended
Date	Payee name	Amount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount
	Payee address; City, State; Zip Code	(\$)
·	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City, State; Zip Code	1 !
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions
/		intended

Texas Ethics Commission

	NT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS		SCHEDULE H
The Instruction	N Guide explains how to complete this form.		1 Total pages Sche	edule H:
2 FILER NAMI	E		3 ACCOUNT # (EII	hics Commission filers)
DEWAUN	F D. NAUMANN			
4 Date	5 Business name 6 Business address; City; State; Zip Code	g + 4 - 1, 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1		7 Amount (\$)
8 Purpose of pay required.)	rment (See instructions regarding type of information .	9 Complete Candidate / Officuholo	if direct expenditure ler name	to benefit C/OH •• Office sought Office held
Date :	Business name Business address; City; State; Zip Code			Amount (\$)
Purpose of pay- required.)	ment (See instructions regarding type of information	·· Complete Candidate / Officehold	if direct expenditure er name	Office sought Office held
Date	Business name Business address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officehold	if direct expenditure er name (to benefit C/OH ** Office sought Office held ,
Date	Business name Business address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	·· Complete i Candidate / Officehold	if direct expenditure of the control	to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	S NEEDED	ı

The Instruct	rion Guide explains how to complete this fo	orm.	1 Total pages Sched	ule I:
FILER NAI	ME .	;	3 ACCOUNT # (Ethic	s Commission filers)
ZEWAY	HED. NAUMANN		4 3-3-3	4
Date	5 Payee name			8 Amount
		!	·	(\$)
	6 Payee address; City; State; Z	lp Code		
		!		
		<u> </u>		
	7 Purpose of expenditure (See instructions re	egarding type of information requ	uired.)	
Date	Payee name			Amount
		·		(\$)
	Payee address; City; State; Zi	ρ Code		
		· /	1	
		1		
	Purpose of expenditure (See instructions re	garding type of information requi	ired.)	
				· .
Date	Payeo name			Amount
		/		(\$)
	Payee address; City: State; Zip	Code		
	Purpose of expenditure (See instructions re	garding type of information requi	red)	
·		:		
Date	Payec name			Amount
	Payee address; City; State; Zip	Code		(\$)
		1	:	
	Purpose of expenditure (See instructions reg	arding type of information require	ed.)	
		1	:	
Date	Reverse			
Jaie	Payee name			Amount (\$)
	Payee address; City; State; Zip	Code		
				•
	/			
. ,	Purpose of expenditure (See instructions regard	arding type of information require	ed.)	
			ĺ	· ·
1		The state of the s		
/	•			•
	ATTACH ADDITIONAL CO	NDIEG OF THE TARES		

	CREDIT	S (optional)		SCHEDULE K	(
	The Instruction	Guide explains how to complete this form.	1 Total pages Sche	nedule K:	
2	FILER NAME	DENDOUGE TO NOUMANN	3 ACCOUNT # (EII		
4	Date	DEWAYNE D. NOLMANN	<u> </u>	8 Amount	
4	Date	6 Payor address; City; State; Zip Code		(\$)	
		7. Reason for credit			
	Date	Payor name		Amount (\$)	
		Payor address; City; State; Zip Code		_	
		Reason for credit			
	Date -	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)	
	Date	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)	
	Date	Payor name Payor address; City; State; Zip Code		Amount (\$)	
/		Reason for credit			
	·	ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED	:	

CANDIDATE / OFFICEHOL	DER REPORT:
DESIGNATION OF FINAL P	REPORT

FORM C/OH - FR

DE	SIGNATION OF FINAL	REPO	RT	· · · · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to complete only if "Report Type" on pa	complete th	ls form. rked "Final Report"	••	
1 C/OF	INAME			2 ACCOUNT # (Ethics C	Commission filers)
Den	DOUNE D. NAUMANN		n gerter in der der der der der der der der der der		
	NATURE	1	- I_	L	···
	· · · · · · · · · · · · · · · · · · ·		:	•	
a re	not expect any further political contributions or eport as a final report terminates my campaig tributions or make any campaign expenditures	gn treasurer ap	pointment. I also unde	rstand that I may not accept any	
		1	1	7/4	.
	•		M	With the	
	· · · · ·	1	/ Sig	nature of Candidate / Officeho	lder
	R WHO IS NOT AN OFFICEHOLDE hplete A & B below <i>only</i> If you are a cand	- 1			
^	CAMBAICNEUNDS	1 *	* v .		
Α.	CAMPAIGN FUNDS	1	•		
Chec	ck only one:				
	I do not have unexpended contributions or u	inexpended inte	rest or income earned fr	om political contributions.	
L_1	I have unexpended contributions or unexpen- convert unexpended political contributions o also understand that I must file an annual re- or unexpended interest or income earned o understand that I must dispose of unexpen- contributions in accordance with the requirem	r unexpended in port of unexpend in political contr inded political co	nterest or income earned ded contributions and the ibutions longer than six portributions and unexpe	on political contributions to persor at I may not retain unexpended cor years after filing this final report.	nal use. I ntributions Further, I
		i .	v.		
В.	ASSETS				
Chac	k only one:				
	I do not retain assets purchased with politica	l contributions o	or interest or other incom	e from political contributions.	
<u>_</u> I	I do retain assets purchased with political cormay not convert assets purchased with politiuse. I also understand that I must dispose of Election Code, § 254.204.	ical contribution	s or interest or other inc	ome from political contributions to	personal
				Signature of Candidate	
	EHOLDER				
Com	olete this section <i>only</i> if you are an office	holder ••	,		
					.
[]	Lam aware that I remain subject to filing require	mente annticable	e lo an officeholder who d	oes not have a campaign treasurer o	on file
: -	and a second sec		2 13 a., omocholaci who d	oos normans a campaign trensuler c	
		!			
	•		• <u> </u>	Signature of Officeholder	
				\$	

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